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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/688,786	10/17/2003	Henry R. Costantino	1733.2025-003

021005
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 VIRGINIA ROAD
P.O. BOX 9133
CONCORD, MA 01742-9133

CONFIRMATION NO. 9558

FORMALITIES LETTER



OC000000011795939

Date Mailed: 01/30/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

07/20/2004 HDEMSS1 00000036 10688786

FILED UNDER 37 CFR 1.53(b)

01 FC:1001	770.00 OP
02 FC:1202	360.00 OP
03 FC:1051	130.00 OP

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$360** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$1260** for a Large Entity

- **\$770** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

- Total additional claim fee(s) for this application is **\$360**

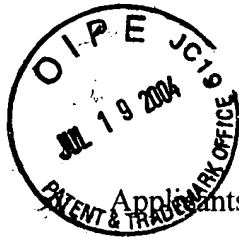
- **\$360** for **20** total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

A copy of this notice MUST be returned with the reply.

Teguent Woldeyes
Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Henry R. Costantino and Joyce Hotz

Application No.: 10/688,786

Group: 1646

Filed

October 17, 2003

Examiner Not Assigned

Confirmation No.: 9558

For: MICROENCAPSULATION AND SUSTAINED RELEASE OF BIOLOGICALLY
ACTIVE POLYPEPTIDES

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
7/16/04	<i>Rachel Meehan</i>
Date	Signature
RACHEL MEEHAN	
Typed or printed name of person signing certificate	

REPLY TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In reply to the Notice to File Missing Parts dated January 30, 2004, the following documents and fees are being submitted for filing in the captioned application. A copy of the Notice is attached.

- ☒ **EXECUTED DECLARATION FOR PATENT APPLICATION**
(Separate transmittal letter and postcard not required)
- ☐ **POWER OF ATTORNEY DOCUMENT**
☐ **GRANTED BY INVENTOR(S)**
☐ **GRANTED BY ASSIGNEE, INCLUDING Statement under 37 C.F.R. 3.73(b)**
(Separate transmittal letter and postcard not required)
- ☐ **PRELIMINARY AMENDMENT**
(Separate transmittal letter and postcard not required)
- ☒ **FILING FEE – WITH Fee Transmittal for Patent Applications in duplicate**
Fee calculations based on:
☒ Claims as originally filed
☐ Claims upon entry of the Preliminary Amendment filed herewith
(Separate transmittal letter and postcard not required)

07/20/2004 HDEHES1 00000036 10688786

04 FC:1254

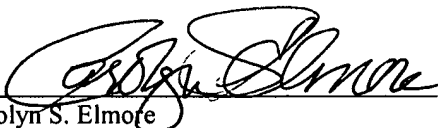
1480.00 0P

- ☒ **SURCHARGE – SURCHARGE FEE OF \$130**
(Separate transmittal letter and postcard not required)
- ☐ **SEQUENCE LISTING – Filed concurrently and is attached**
(Separate transmittal letter and postcard required)
- ☐ **SUBSTITUTE DRAWINGS**
☐ Sheets of substitute drawings consisting of Figs. 1 – ☐ are enclosed
(Separate transmittal letter and postcard not required)
- ☒ **PETITION FOR EXTENSION OF TIME**
☒ Applicant hereby petitions to extend the time to respond to the Notice to File Missing Parts dated January 30, 2004 for four months from March 30, 2004 to July 30, 2004. The appropriate fee of \$1480.00 is included in the enclosed check.
☐ A ☐ month extension of time to respond to the Notice to File Missing Parts dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Notice to File Missing Parts. The appropriate fee of \$☐ is included in the enclosed check.
(Separate Petition for Extension of Time and postcard not required)
- ☐ **REQUEST FOR CORRECTED FILING RECEIPT – Filed concurrently and is attached.**
(Separate transmittal letter and postcard required)
- ☐ **STATEMENT CLAIMING SMALL ENTITY STATUS**
☐ Applicant claims small entity status.
☐ Is enclosed herewith (Separate transmittal letter and postcard not required)
☐ In view of the small entity status of the captioned application, we hereby request a reimbursement of 50% of the filing fees in the amount of \$☐ which were paid on ☐ to be deposited in Deposit Account No.

The fees required for filing the indicated documents are enclosed in the form of a check in the total amount of \$2740.00. Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 502807. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

ELMORE CRAIG, P.C.

By 
Carolyn S. Elmore

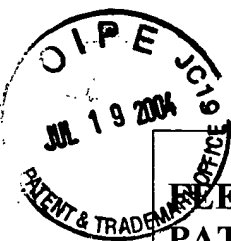
Registration No.: 37,567

Tel.: (978) 251-3509

Fax: (978) 251-3973

N. Chelmsford, Massachusetts 01863

Date: 7/16/04



ELMORE CRAIG, P.C.

FREE TRANSMITTAL FOR PATENT APPLICATIONS		Attorney Docket Number		1733.2025-003	
		Application Number		10/688,786	
		First Named Inventor		Henry R. Costantino	
Claim Calculation (includes any preliminary amendment)					
CLAIMS	(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Calculations
	Total Claims (37 CFR 1.16(c) (j))	40 -20* =	20	x \$ 18 =	\$360
	Independent Claims (37 CFR 1.16(b) or (j))	3 -3** =	0	x \$ 86 =	\$0
	Multiple Dependent Claims (if applicable) (37 CFR 1.16(d))			+ \$ 290 =	\$0
	Basic Fee (37 CFR 1.16(a) or (h)) =			\$ 770	
	Total of above Calculations =			\$1130	
	Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27, 1.28) =			\$	
	TOTAL =			\$1130	
	Surface – Late Filing of Declaration or filing Fees (37 CFR 1.16(e)) =			\$130	
	Petition for Extension of Time Fee (37 CFR 1.17) =			\$1480	
	Assignment Recordation Fee (only when filed with application) =			\$	
	Other =			\$	
	* Reissue claims in excel of 20 and over original patent **Reissue independent claims over original patent			TOTAL = \$2740	
<p>1. Small entity status:</p> <p>a. <input type="checkbox"/> A small entity statement is enclosed.</p> <p>b. <input type="checkbox"/> A small entity statement was filed in the prior non-provisional application and such status is still proper and desired.</p> <p>c. <input type="checkbox"/> is no longer claimed.</p> <p>2. <input checked="" type="checkbox"/> A general authorization is hereby granted to charge Deposit Account Number 502807 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.</p> <p>3. <input checked="" type="checkbox"/> A check is enclosed for \$2740.00.</p> <p>4. <input type="checkbox"/> Please charge \$ _____ to Deposit Account Number 502807.</p> <p>5. <input checked="" type="checkbox"/> Other: <u>Revocation of Powers of Attorney and Appointment of New Attorneys and/or Agents</u></p>					
Signature				Date	7/14/4
Submitted by Typed or Printed Name		Carolyn S. Elmore		Registration Number	37,567